

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



OCCUPATIONAL LICENSING APPLICATION FOR
MANUFACTURED HOME / MOBILEHOME / COMMERCIAL MODULAR
SALESPERSON
(PART A)

SECTION 1: APPLICANT INFORMATION

NAME:

(Last) (First) (Middle) (Telephone No.)

RESIDENCE ADDRESS:

(Number and Street) (City) (State) (ZIP Code)

MAILING ADDRESS:

(IF DIFFERENT) (Number and Street) (City) (State) (ZIP Code)

SECTION 2: TYPE OF LICENSE REQUESTED

☐

Manufactured Home/Mobilehome Salesperson

☐

Commercial Modular Salesperson

SECTION 3: EMPLOYER INFORMATION

DEALERSHIP NAME: _____ LICENSE NUMBER: _____

DEALERSHIP ADDRESS:

(Number and Street) (City) (State) (ZIP Code)

SECTION 4: APPLICANT'S CERTIFICATION

I, _____, certify under penalty of perjury that the information given on this
(Type or Print Name)
application is true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 5: EMPLOYING DEALER'S CERTIFICATION

I, _____, certify that I have reviewed the completed application (Part A and
(Type or Print Name)
Part B) and intend to employ the above named person as a Manufactured Home/Mobilehome and/or Commercial Modular
Salesperson. I further acknowledge that the above named person will not participate as a licensee in any manufactured
home, mobilehome or commercial modular sales activity, until he/she receives a Salesperson Temporary Permit or License
from the Department.

DEALER'S SIGNATURE _____ TITLE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____

SUBMIT TO:

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING
P. O. BOX 31
SACRAMENTO, CA 95812-0031